



**KAIBAB BAND OF PAIUTES  
MINORS TRUST  
ADULT DISTRIBUTION REQUEST FORM**



PROVIDENCE FIRST  
TRUST COMPANY

**1. GENERAL INFORMATION OF THE MEMBER**

Name: \_\_\_\_\_ Enrollment # \_\_\_\_\_

**You must attach a copy of a photo ID (such as a Driver's License).**

Mailing Address: \_\_\_\_\_  
(must match the address on file with the Band) City State Zip Code

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**2. DISTRIBUTION INFORMATION**

The Kaibab Band of Paiutes Minors Trust begins to distribute to beneficiaries at Age 21, or as soon as Age 18 if the beneficiary has earned a high school diploma or GED certificate. Upon reaching one of these milestones, it is considered the Initial Qualifying Event and you are eligible for an Adult Distribution. The Trust then can make additional Adult Distributions on the next four anniversaries of the Initial Qualifying Event.

Please indicate the Adult Distribution that you are requesting.

- Initial Qualifying Event – Age 21 or Age 18 with a diploma/GED – eligible for 20% of trust balance
- 1st Anniversary of Initial Qualifying Event – eligible for 25% of trust balance
- 2nd Anniversary of Initial Qualifying Event – eligible for 33% of trust balance
- 3rd Anniversary of Initial Qualifying Event – eligible for 50% of trust balance
- 4th Anniversary of Initial Qualifying Event – eligible for 100% of remaining trust balance

You will need to submit your high school diploma/GED certificate on the first time that you request an Adult Distribution, but not in later years. You will need to resubmit this form for every year that you request an Adult Distribution.

**3. PAYMENT METHOD**

Please indicate which method of payment you want:

- Check, made payable to you and mailed to your address (which must match the address on file with Kaibab Band to prevent fraud).
- Direct deposit to an existing checking/savings account of which you are an account holder. (You must complete the section below if you select this payment option).

Name on the Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

This is a:  Checking Account, or  Savings Account

**Attach a voided check or a letter from your bank confirming the information in this section.**

**4. TAXES AND TAX WITHHOLDING**

**REQUIRED Federal Taxes:** Please understand that all distributions from your Trust are subject to federal income taxes under the Indian Gaming Regulatory Act (IGRA), and will be reported as income to the IRS and to you on a Form 1099. Taxes will be withheld at the IRS withholding rates, but you may elect to have additional taxes withheld below if you have other income that may cause you to be in a higher tax bracket. Such withholding will be forwarded to the IRS on your behalf and reported to you on a Form 1099.

- Minimum (default – as described above)
- 20%
- 25%
- 30%

**OPTIONAL State Taxes:** Depending on where you live, trust distributions may also be subject to state income taxes. There is no required state tax withholding, but you may direct us to perform a state tax withholding, and we will forward it to your state. If you leave this blank, no state taxes will be deducted.

State: \_\_\_\_\_ Amount: \_\_\_\_\_ % of my gross distribution

**SIGNATURE**

I affirm that the information provided on this form is accurate and complete. I also consent to all information herein being shared with Kaibab Band of Paiute Indians as needed to process this request and proper administration of the Trust. I also understand and acknowledge that all distributions are subject to such further limitations as may be set forth in the Trust.

I hereby authorize Providence First Trust to initiate distributions from my trust to be electronically transferred to the bank account above until further notice. I understand that these instructions will remain in effect until I submit a new form changing or stopping these instructions.

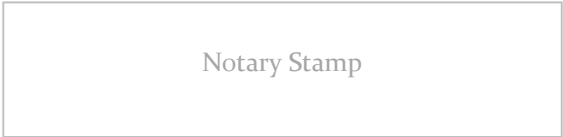
I assume all risk of Providence First Trust transferring funds according to the directions above and I understand that Providence First Trust will not contact my bank to confirm the name on the account or whether I am an authorized signer on the account or whether there are other authorized signers on the account. I agree to hold Providence First Trust harmless insomuch as it follows these instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_  
 County of \_\_\_\_\_

Subscribed and affirmed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
 proved to me on the basis of satisfactory evidence to be the person who appeared before me.  
 IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_



When completed, submit form to: Providence First Trust Company,  
 By mail: 8840 E. Chaparral Rd., Suite 250, Scottsdale AZ, 85250  
 By fax: 602-952-0018  
 By email: [kaibab@providencefirst.com](mailto:kaibab@providencefirst.com)

If you have any questions, please don't hesitate to call at 602-952-2300 or toll free at 1-800-350-0208.

**Please remember to attach:**

- Copy of your photo ID**
- Copy of high school diploma/GED, if applicable**
- Voided check or letter from bank, if selected direct deposit**